

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

13 CV 2864

ATON CALLENS

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

1. NEW YORK CITY POLICE DEPARTMENT
2. COMMISSIONER RAYMOND KELLY; NY.P.D.
3. SERGEANT KENNETH TYSDAL TAX REG.# 915998
4. DETECTIVE AARON JOHNSON TAX REG.# 935072
5. POLICE OFFICER KYESHA FRASER TAX REG.# 943254

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name MR. ATON CALLENS
ID # 349-13-00968
Current Institution ANNA M. KROSS CENTER
Address 18-18 HAZEN STREET
EAST ELMHURST, NEW YORK 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name NEW YORK CITY POLICE DEPARTMENT Shield # _____
Where Currently Employed _____
Address 1 POLICE PLAZA
NEW YORK, NEW YORK 10007

Defendant No. 2 Name RAYMOND KELLY; COMMISSIONER ~~NY.P.D.~~
Where Currently Employed _____
Address 1 POLICE PLAZA
NEW YORK, NEW YORK 11370

Defendant No. 3 Name ~~AARON~~ KENNETH TYSDAL Tax Reg. # 915998 ~~SERGEANT~~
Where Currently Employed 9TH PRECINCT
Address _____

Defendant No. 4 Name AARON JOHNSON Tax Reg. # 935072 ~~DETECTIVE~~
Where Currently Employed 9TH PRECINCT
Address _____

Defendant No. 5 Name KYESHA FRASER Tax Reg. # 943254 ~~POLICE OFFICER~~
Where Currently Employed 9TH PRECINCT
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
9TH PRECINCT AND VEHICLE EXTENSION THEREOF
- B. Where in the institution did the events giving rise to your claim(s) occur?
POLICE VEHICLE AND 9TH PRECINCT
- C. What date and approximate time did the events giving rise to your claim(s) occur?
JANUARY 13, 2013

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

D. Facts: ON JANUARY 13, 2013, AT APPROXIMATELY 5:10 PM, I WAS WALKING THROUGH THE PARK LOCATED AT PARK AVENUE AND 14TH STREET (COMMONLY CALLED "UNION SQUARE PARK") WHEN I WAS APPROACHED BY A WHITE MALE SEEKING DIRECTIONS TO A RESTAURANT THAT I WAS NOT FAMILIAR WITH. I HAD ATTEMPTED TO DIRECT HIM IN THE DIRECTION OF OTHER FOOD SOURCES AND BEGAN TO WALK AWAY. THIS WHITE MALE THEN OFFERED TO BUY A CUP OF COFFEE AND A MEAL AT ONE OF THE LOCAL EATERIES THAT I HAD POINTED OUT TO HIM AND I AGREED. WHEN WENT TO THE EATERY THE LINES FOR SERVICE WERE TOO LONG AND I HAD DECIDED TO LEAVE. AS I WAS LEAVING THE MAN HANDED ME SOME MONEY AND SAID, "HERE'S SOMETHING FOR YOUR TROUBLE", WHICH I THANKED HIM FOR. IT WAS AT THIS TIME THAT TWO POLICE OFFICERS, WHOM I LATER FOUND OUT TO BE SERGEANT KENNETH RYSDAL & DETECTIVE AARON JOHNSON, APPROACHED ME. AARON JOHNSON SHOOK ME, WITH EXCESSIVE FORCE, AGAINST A BRICK WALL AND THEN HE TWISTED MY ARM AND WRIST WHILE PLACING HANDCUFFS ON MY WRIST EXTREMELY TIGHT. CIRCULATION TO MY HANDS WAS CUT OFF FOR HOURS AND NERVES IN MY WRIST WAS SEVERED WHICH RESULTED IN DAMAGE TO MY BOTH (SPECIFICALLY, MY HANDS) THAT MIGHT NOT EVER HEAL. I WAS THEN PLACED IN A VAN BY THE OFFICERS, AND ALSO POLICE OFFICER KYESHA FRASER, BY MEANS OF VERY FORCEFUL SHOVES THAT CAUSED MORE INJURIES TO MY SHOULDERS, BACK, WRISTS, LEGS AND HANDS. MY CRIES OF PAIN WERE IGNORED. I REMAINED IN THESE CONDITIONS FOR SEVERAL HOURS WHERE I DEVELOPED CHEST PAINS AND THE HANDCUFFS CUT THROUGH MY SKIN TO MY FLESH CAUSING BLEEDING AND SCARRING. DEFENDANTS #3, 4 & 5 ACT UNDER THE LACK OF SUPERVISION OF DEFENDANTS #1 AND 2, YET UNDER THE DIRECT AUTHORITY OF DEFENDANTS #1 AND 2.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. NERVE DAMAGE, SHOULDER PAIN, SCARRING, CUTS, BRUISES, SUFFERING, CHEST PAIN, STRESS, EMOTIONAL SUFFERING, VIOLATION OF MY CIVIL RIGHTS, VIOLATION OF MY HUMAN RIGHTS, VIOLATION OF MY PRISONER RIGHTS, ABUSE, VIOLATION OF MY DUE PROCESS RIGHTS BY ADMINISTERING CORPORAL PUNISHMENT, ASSAULT

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes _____ No _____ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No _____ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes _____ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: THE PRISON
SYSTEM DOES NOT HANDLE ISSUES RELATING TO N.Y.P.D., IT IS
NOT WITHIN THE AUTHORITY OF N.Y.C. DEPT. OF CORRECTIONS.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I AM SEEKING THE AMOUNT OF TEN MILLION

DOLLARS FOR THE ACTIONS OF THE DEFENDANTS (COLLECTIVELY AND INDIVIDUALLY)
THAT HAS RESULTED IN MY INJURIES AND THE DELIBERATE INDIFFERENCE FOR
FAILURE TO ACT, AND FOR ALL THINGS OUTLINED IN THE FACTS SECTION AND THE
INJURIES SECTION OF THIS CIVIL ACTION.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ~~23rd~~ day of April, 2013.

Signature of Plaintiff

X Ann Callens

Inmate Number

349-13-00968

Institution Address

ANNA M. KAESS CENTER

18-18 HAZEN STREET

EAST ELMHURST, New York 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 23 day of April, 2013, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

X Ann Callens